

**DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFITS DIVISION**

**Dental and Vision Plan Premiums Effective January 1, 2006**

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>Monthly Premium</u>		
			<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<b><u>State-Sponsored Dental Plans</u></b>					
Delta Dental	9949-Excluded (DeltaPremier)	351-008	\$48.63	\$96.77	\$136.17
P.O. Box 7736	9949-Rank and File (DeltaPremier)	351-007	\$46.72*	\$82.30*	\$119.40*
San Francisco, CA 94120	9946-Excluded and Rank and File (PPO)	351-018	\$41.01**	\$80.48**	\$121.49**
<b>1-800-225-3368</b>					
Safeguard	Standard Plan	351-016	\$14.74	\$23.88	\$33.45
95 Enterprise	Enhanced Plan	351-015	\$14.42	\$24.41	\$30.07
Aliso Viejo, CA 92656					
<b>1-800-880-1800</b>					
PMI – DeltaCare	2003	351-009	\$16.91	\$27.74	\$38.37
12898 Towne Center Drive					
Cerritos, CA 90703					
<b>1-800-422-4234</b>					
<b><u>Union Sponsored Dental Plans</u></b>					
CAHP/Blue Cross (RO5)	336817-A	351-013	\$43.04***	\$75.73***	\$110.55***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$86.13****	\$86.13****	\$86.13****
CCPOA/Western Dental (RO6)	Prepaid	351-249	\$86.13****	\$86.13****	\$86.13****
<b><u>State-Sponsored Vision Plan</u></b>					
Vision Service Plan	12020000	475-001-Non CoBen	\$9.19	\$9.19	\$9.19
3333 Quality Drive		475-002-CoBen	\$9.19	\$9.19	\$9.19
Rancho Cordova, CA 95670					
<b>1-800-877-7195</b>					
*Employee Share: 1 party	\$11.68	**Employee Share: 1 party	\$10.25	***CAHP Employee Share: 1 party	\$8.00
2 party	\$20.57	2 party	\$20.12	(w/subsidy) 2 party	\$14.00
3 or more party	\$29.85	3 or more party	\$30.37	3 or more party	\$21.00
****CCPOA Employee Share \$41.80					

**(RO5 Employees' share for the DeltaPremier Plan is \$16.68/\$29.57/\$41.85 and \$15.25/\$29.12/\$42.37 for the PPO plan)**  
**(Under CoBen the total premium is deducted from the benefit allowance)**  
**(The dental/vision premiums above do not include the administrative fee of \$1.22/mo.)**